♥	•							
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000				Application or Docket Number 09895880				
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY								
TOTAL CLAIMS	ull	(COU)	7 -	ITE	FEE	i i	RATE	FEE
FOR .	NUMBER FILED NUMBER EXTRA			C FEE		00	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS	44 minus 20=	·wZ		9=			X\$18=	
INDEPENDENT CLAIMS	9 minus 3 = ' /a		7 -	\$0=		OR	XAO=	
MULTIPLE DEPENDENT CLAIM PRESENT		⊣			OR	A6U=		
A 15 the difference in column 4 in least their years control 90 to column 5		- 1	35-		OR	+270=		
• If the difference in column 1 is less than zero, enter **O* in column 2				TAL		OR	TOTAL	
12-21-CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					ENTITY	OR	OTHER SMALL	
CLAIMS REMAINING	HIGH MURA PREVI	IEST BEA PRESEN OUSLY EXTRA	7 [NE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total AMPHDMENT		4 - 0		9-	ree	OR	X\$18e	PSS
Total	Minus •••	9 - 6		10=			X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						OR		
	•			35= OTAL		OR	+270= TOTAL	
5-8-04						OR.	ADDIT. FEE	
Column 1) CLAIMS CLAIMS REMAINING AFTER AMENDMENT Total Independent C	Marian Co. R. 140			NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total · 44	Minus 4	4 - 0	, x	9=		OR	X\$18=	
Independent • O		9 - 1	X ×	0=		OR	X80-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				35=		OR	+270=	
113/14/07			ADDI	OTAL FEE		00	YOTAL ADDIT, FEE	
(Column 2) (Column 3)								
CLAMS REMAINING AFTER AMENDMENT	HIGH MUM PRIEVI PAID	BER PRESEN		TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FIRE
Total - 44 Independent - 9	Minus •• L	14 = -	X	9 =	/	OR	X\$18=	
	Minus •••	9	1 x	O=		OR	X80 ₂	
FIRST PRESENTATION OF A	WLIPLE DEPENDENT	CLAIM		_		-7.	. /	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the Propert Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the Propert Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The Prighest Number Previously Paid For" (Total or Independent) is the highest number bound in the appropriate box in column 1.

FORM PTO-475 (Flex. 970)

OR

+135-